



Medical Care Advisory Committee Meeting

Minutes of Meeting
May 25, 2010
10:00 am – 12:00 noon

Members Present:

Charles Darby, MD	Sue Berkowitz
Lynn Connolly	Jackie Richards
James M. DuRant, Jr., MD	Ralph Riley, MD
T.A. Gailey, Jr., MD	Sabra Slaughter
John Black, MD	C. Earl Hunter
David Habib, MD	Vicky Reynders
J.T. McLawhorn	J.E. Mercer, DDS

Members Absent:

John Barber	Greta Harper, MD
William Moran, MD	Caughman Taylor, MD
Richard Harding, MD	

I. Call to Order – Committee Chairman

Dr. Darby called the meeting to order at 10:00 am. Committee members and guest introduced themselves.

II. Approval of February 16, 2010 Minutes of Meeting – Committee Chairman

Upon motion and second, minutes of February 16, 2010 meeting were approved.

III. Director's Report– Emma Forkner, Agency Director

At February's meetings there were several requests for special reports – One being an overview of the Managed Care rate setting process. Ms. Forkner introduced Rob Damler, Actuarial Consultant from Milliman, Inc. to report on the managed care rates. Mr. Damler joined by phone working through his high level presentation via webex. A copy of his presentation was provided to Committee Members. Ms. Forkner pointed out that DHHS has a very transparent process when working with our plans.

Ms. Forkner discussed Health Information Technology and the EHR Incentive Payment Program – calling attention to the handouts and brochures provided.

Next, Health Care Reform was discussed using a document received from the National Governor's Association to assist with the timeline of reform. Ms. Forkner highlighted areas that affect Medicaid. Federal funding issues were discussed in detail and our efforts of notifying the General Assembly of our concerns.

Ms. Forkner along with Dr. Beverly Buscemi, State Director-SC Department of Disabilities and Special Needs (DDSN), spoke about a recent CMS financial review of our process for determining room and board costs and to determine if reimbursement methodologies used for waivers services included room and board. It was determined our reimbursements for room and board were appropriate. It was noted that reimbursement for administrative expenses should be claimed at the administrative match rate vs. the service match rate. We are working with DDSN to change the reimbursement methodology to come into compliance by January 1, 2011.

IV. Fiscal Report – William Wells, Deputy Director Finance and Administration

Mr. Wells updated that our numbers are running over what was originally budgeted this year which is being driven by increased enrollment. We are consistently running approximately 10% above last year's expenditures. All stops are being taken to try and control spending; however, there will be not cash to carry forward.

Committee member, Jackie Richards, asked about the shift in EPSDT. Felicity Myers, Deputy Director of Eligibility, responded that the shift is due to the shift in coordinated care. She further clarified that EPSDT services did not decrease because of the shift to managed care but because of the way our budget lines are structured and presented you cannot see the discrete service expenditures such as EPSDT that are included within the Coordinated Care line. She also noted that children more than adults are moving into the coordinated care program. Ms. Forkner indicated that we would be providing an EPSDT update at the August MCAC meeting.

V. Eligibility Report – Alicia Jacobs, Deputy Director, Eligibility and Beneficiary Services

Ms. Jacobs reviewed the monthly trend of eligibles which continues to increase. The enrollment of children and disabled adults are growing as the elderly and other adults remain flat.

Addressing a question from the February 16th MCAC meeting, Ms. Jacobs explained that while the pregnant women category is wavering downward, this does not mean that pregnancy services are down. A report was provided to show the history of reimbursement for pregnancy related services by diagnosis and payment history. The total number of pregnancy related services is increasing over the last several years and continues to increase. While the numbers in the pregnant women category give an impression that pregnancies are decreasing, this report shows that the women are in the other categories particularly the LIF program.

Dr. Darby noted interest in tracking the percentage of total deliveries under Medicaid as he believes the number was somewhere around 55%. Ms. Forkner said this is something we could look into. Ms. Forkner offered to provide more information regarding pregnant women categories.

Ms. Berkowitz expressed an interest in streamlining enrollment process through options allowed under CHIPRA to move more eligibles on to Medicaid. The SSA match for citizenship and identity documentation was also discussed.

VI. Program Update –

CHIPRA Quality Demonstration Grant Overview – Provided by Felicity Myers

February 22, 2010, DHHS was awarded the CHIPRA Quality Demonstration Grant, Quality through Technology and Innovation in Pediatrics (QTIP). This is a five year grant of over \$9 million. With this grant, there is a 9 month planning period and at a final operational plan will be submitted to CMS for approval. When approved, we will move into implementation. Outreach efforts are underway recruiting pediatric practices to participate in the grant. There are a variety of partners of advocates, other state agencies and vendor partners.

The focus centers on connecting the patients with a medical home. Copies of the slide presentation were provided.

Behavioral Health Rehabilitative Services State Plan Amendment- Provided by Felicity Myers

The handout provides an overview/history of the Behavioral Health Rehabilitative Services issues. DHHS staff continues to work with both public and private providers to address the transitions issues.

VII. Committee Advisement Items – Advisement added after agenda completed – Presented by Alicia Jacobs

Subject: Conversion of healthy Connection Kids (HCK) from standalone program to expansion program.

The conversion will convert coverage of children in families with income less than 200% FPL from a separate program to the current Medicaid Expansion. This will reduce administrative costs. There will be no negative impact on the children or providers. Committee members asked for talking points on the key program transition steps to be used to brief interested parties. Ms. Forkner agreed to provide as noted.

After discussion and clarifications, Dr. Darby asked for motion of approval– motion was made – and approved.

VIII. Closing Comments – Committee Chairman

The next meeting is scheduled for Tuesday, August 17, 2010 at 10:00 am.

IX. Adjournment